| A HAVA TOTAL  | 09/9754                      |
|---------------|------------------------------|
| PEDI WANIFADE | Application or Docket Number |

| PATENT APPLICA | TION FEE | DET | EF | RMINATION | RECORD |
|----------------|----------|-----|----|-----------|--------|
|                |          | _   | _  |           |        |

Effective October 1, 2001

Application or Docket Number
09/97548

|  |             | CLAIMS AS                                 | FILED - Column |              | (Colur                                 | ma 2)                                   |       | SMALL EN            | ITITY                  | OR    | OTHER<br>SMALL      |                        | <b></b> . ; |
|--|-------------|---|----------------|--------------|--|---|-------|---------------------|------------------------|-------|---------------------|------------------------|-------------|
| TO   | TAL CLAIMS  |   | 14             |              |  |   | 1     | RATE                | FEE                    |       | RATE                | FEE                    |             |
| FOR NUMBER FILED NUMBER EXTRA  |             |   |                |              | BASIC FEE                              | 370.00                                  | OR    | BASIC FEE           | 740.00                 | •     |                     |                        |             |
| TOTAL CHARGEABLE CLAIMS     minus 20= * 9-   |             |   |                |              | X\$ 9=                                 |   | OR    | X\$18=              | 378                    |       |                     |                        |             |
| INDEPENDENT CLAIMS 3 minus 3 = * Ø   |             |   |                |              | X42=                                   |   | OR    | X84=                |                        |       |                     |                        |             |
| MULTIPLE DEPENDENT CLAIM PRESENT   |             |   |                |              |  |   | +140= |                     | OR                     | +280= | 280                 |                        |             |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |             |   |                |              |  | 1                                       | TOTAL |                     | OR                     | TOTAL | 1398                |                        |             |
| CLAIMS AS AMENDED - PART II OTHER THAN   |             |   |                |              |  |   |       |                     |                        | :     |                     |                        |             |
|  | 1405        | (Column 1)<br>CLAIMS                      |                | (Colu        | mn 2)<br>IEST                          | (Column 3)                              | ſ     | JIIALL              | ADDI-                  |       |                     | ADDI-                  |             |
| NTA  |             | REMAINING<br>AFTER<br>AMENDMENT           |                | PREVI        | BER<br>OUSLY<br>FOR                    | PRESENT<br>EXTRA                        |       | RATE                | TIONAL                 |       | RATE                | TIONAL<br>FEE          |             |
| <b>AMENDMENT A</b>   | Total       | .195                                      | Minus          | -4           | 1                                      | -154                                    |       | X\$ 9=              |                        | OR    | X\$18=              | 2,172                  |             |
| ME   | Independent | . 8                                       | Minus          | AAA          | 3                                      | - 5                                     |       | X42=                |                        | OR    | X84=                | 420.0                  | )           |
|  | FIRST PRESE | NTATION OF MI                             | JLTIPLE DEF    | ENDEN        | CLAIM                                  |   |       | +140=               |                        | OR    | +280=               |                        |             |
|  | 4 4 .       |   |                |              |  |   | ١     | TOTAL<br>ADDIT, FEE |                        | OR    | TOTAL<br>ADDIT. FEE | 3/92                   | Palcle      |
|  | 17/05       | (Column 1)                                |                | (Colu        | mn 2)                                  | (Column 3)                              |       | ADDII. FEE          |                        | 9     | 7.50tt. 1 C.C.      | 7                      |             |
| AMENDMENT B  | 1-11        | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | NUN<br>PREVI | HEST<br>ABER<br>OUSLY<br>FOR           | PRESENT<br>EXTRA                        |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |             |
| <b>COME</b>  | Total       | . 122                                     | Minus          | /            | 15                                     | =                                       |       | X\$ 9=              |                        | OR    | X\$18=              |                        | :           |
| ME   | Independent | . 8                                       | Minus          | ***          | <b>~</b>                               | =                                       |       | X42=                |                        | OR    | X84=                |                        | ٠           |
| L  | FIRST PRESE | NTATION OF MI                             | JLTIPLE DEF    | ENDEN        | TCLAIM                                 |   |       | +140=               |                        | OR    | +280=               |                        |             |
|  |             |   |                |              |  |   |       | TOTAL               |                        | OR    | TOTAL               |                        |             |
|  | 129/05      |   |                | <b>10</b> -1 | ···· • • • • • • • • • • • • • • • • • | (Caluma 0)                              |       | ADDIT. FEE          |                        | 10    | ADDIT. FEE          |                        | 1 :         |
|  |             | (Column 1)                                |                |              | imn 2)<br>HEST                         | (Column 3)                              | 1     |                     | ADDI-                  | 1     |                     | ADDI-                  |             |
| AMENDMENT C  | ·           | REMAINING<br>AFTER<br>AMENDMENT           |                | PREV         | MBER<br>IOUSLY<br>D FOR                | PRESENT<br>EXTRA                        |       | RATE                | TIONAL                 |       | RATE                | TIONAL                 |             |
| NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>N  | Total       | 122                                       | Minus          | /6           | 15                                     | = 0                                     |       | X\$ 9=              |                        | OR    | X\$18=              |                        | 1           |
| AME  | Independent |   | Minus          | ***          | COL ALL                                | =,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |       | X42=                |                        | OR    | X84=                |                        | <b>1</b> '  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |             |   |                |              |  |   | +140= |                     | OR                     | +280= |                     |                        |             |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** Applit FEE                        |             |   |                |              |  |   |       |                     |                        |       |                     |                        |             |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |             |   |                |              |  |   |       |                     |                        |       |                     |                        |             |
| FORM PTO-875 (Ray, 8/01) Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  |             |   |                |              |  |   |       |                     | e<br>E                 |       |                     |                        |             |

FORM PTO-875 (Rev. 8/01)